

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$22.51 for dates of service, 02/18/02, 02/22/02, and 02/25/02.
- b. The request was received on 07/23/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. TWCC-66a (s)
 - c. EOB/TWCC 62 forms/Medical Audit summary
 - d. Medical Records
 - e. Invoices
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Per Rule 133.307 (g) (4), the Division forwarded a copy of the requestor's additional documentation to the carrier on 08/27/02. The respondent did not respond to the additional documentation. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
3. Notice of Additional Information Submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter date stamped 08/16/02
"...The disputed issue is that the Carrier has only paid \$51.64 for the Pentaz/APAP for each date and \$23.98 for the Hydroco/APAP stating charge for this procedure exceeds average wholesale price plus mark up....The expected out come of this issue is that we feel the claims should be paid. In accordance with the Pharmaceutical Fee Guideline Section II states for computing fair and reasonable fees, the following formula shall be utilized for generic name medications: $AWP \times \text{number of units} \times 1.38 + \$7.50 =$ MAR...."

2. Respondent:
No Response noted in the Commission's case file.

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 02/18/02 and extending through 02/25/02.
- This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
- Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$151.61 for services rendered on the date of service in dispute above. The Carrier paid Requestor \$127.26. The amount remaining in dispute is \$22.51.
- The Carrier's EOB deny additional reimbursement as "Z650 (M) CHARGE FOR THIS PROCEDURE EXCEEDS AVERAGE WHOLESALE PRICE PLUS MARK-UP (Z650)".
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
02/18/02	Pentaz/Apap 25/650 #45	\$60.87	\$51.64	M	No MAR AWP x number units x 1.38 + \$7.50 = MAR	MFG, Pharmacy GR II (A) (2)	There is no Carrier response found in the Commission's case file. The Provider has submitted documentation showing AWP for 100 Pentaz/Apap to be \$84.70 which is 0.847 each. $0.847 \times 45 = \text{AWP } \$38.12 \times 1.38 + \$7.50 = \60.10 . The Provider billed in accordance with the referenced Rule. Therefore, additional reimbursement in the amount of \$8.46 is recommended. (\$60.10 allowable - \$51.64 paid = \$8.46).
02/22/02	Hydroco/Apap 10/500 #30	\$29.87	\$23.98	M	No MAR AWP x number units x 1.38 + \$7.50 = MAR	MFG, Pharmacy GR II (A) (2)	There is no Carrier response found in the Commission's case file. The Provider has submitted documentation showing AWP for 100 Hydroco/Apap to be \$53.27 which is 0.5327 each. $0.5327 \times 30 = \text{AWP } \$15.98 \times 1.38 + \$7.50 = \29.55 . The Provider billed in accordance with the referenced Rule. Therefore, additional reimbursement in the amount of \$5.57 is recommended. (\$29.55 allowable - \$23.98 paid = \$5.57).

02/25/02	Pentaz/Apap 25/650 #45	\$60.87	\$51.64	M	No MAR AWP x number units x 1.38 + \$7.50 = MAR	MFG, Pharmacy GR II (A) (2)	There is no Carrier response found in the Commission's case file. The Provider has submitted documentation showing AWP for 100.Pentaz/Apap to be \$84.70 which is 0.847 each. $0.847 \times 45 = \text{AWP } \$38.12 \times$ $1.38 + \$7.50 = \60.10 . The Provider billed in accordance with the referenced Rule. Therefore, additional reimbursement in the amount of \$8.46 is recommended (\$60.10 allowable - \$51.64 paid = \$8.46).
Totals		\$151.61	\$127.26				The Requestor is entitled to reimbursement in the amount of \$22.49

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$22.49** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 28th day of March 2003.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division